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KENT RECREATION GYMNASTICS

THIS IS A RECREATIONAL GYMNASTICS PROGRAM TEACHING BASIC
TUMBLING AND GYMNASTIC APARATUS SKILLS. THIS PROGRAM WILL
BE TAUGHT BY PHYSICAL EDUCATOR AND VARSITY GYMNASTICS
COACH, PAUL HAGAN

ALL CLASSES WILL BE HELD AT KENT PRIMARY SCHOOL

ELIGIBILITY: AGE 2 TO GRADE 8
REGISTRATION FEE: \$70.00 (WE MUST PAY FOR USE OF FACILITIES THE
COST OF \$30.00 IS TOWARDS INSTRUCTORS FEES AND \$40.00 IS FOR USE
OF CARMEL SCHOOL DISTRICT) 6 WEEKS (CARMEL SCHOOLS)

STARTING DATE: SATURDAY, NOVEMBER 8th, 2003

SATURDAY CLASSES:

- 8:30AM 2-4 YEAR OLDS (WITH PARENT)
- 9:15AM 2-4 YEAR OLDS (WITH PARENT)
- 10:00AM BEGINNERS GYMNASTICS
- 10:45AM BEGINNERS GYMNASTICS
- 12:00PM BEGINNERS GYMNASTICS
- 12:45PM INTERMEDIATE GYMNASTICS
- 1:30PM INTERMEDIATE GYMNASTICS
- 2:15PM ADVANCED GYMNASTICS



REGISTRATION: MONDAY THROUGH THURSDAY

At The Kent Recreation Office
531 Rte 52 Carmel, NY 10512
Office Hours: 9.30AM to 2.00PM

Or drop completed forms in the mail slot of office 24 hour a day.
CLASSES ARE FILLED ON A FIRST COME FIRST SERVED BASIS
FOR ADDITIONAL INFORMATION CALL THE LEISURE LINE 845-225-1400

THERE WILL BE NO REFUNDS OFFERED

NAME _____ GRADE _____

ADDRESS _____

AGE _____ PHONE # _____ SCHOOL _____

I HEREBY AUTHORIZE MY CHILD, WHOSE NAME APPEARS ABOVE TO PARTICIPATE IN THE
GYMNASTICS PROGRAM SPONSORED BY THE KENT RECREATION DEPARTMENT. I HEREBY
RELEASE THE TOWN OF KENT, ITS SERVANTS AND EMPLOYEES FROM ANY LIABILITY FOR
PERSONAL INJURIES OR PROPERTY DAMAGE SUSTAINED BY MY CHILD IN CONNECTION
WITH SUCH PARTICIPATION. IN CASE OF INJURY I AUTHORIZE KENT RECREATION
OFFICIALS TO TAKE MY CHILD TO A HOSPITAL FOR TREATMENT.

SIGNATURE OF PARENT OR GUARDIAN _____

